# notice of confidentiality and privacy practices

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

The privacy of your personal and health information is important to us. This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

## Protecting your personal and health information

Blue Shield of California and Blue Shield of California Life & Health Insurance Company (collectively, "Blue Shield") understand the importance of keeping your personal and health information private. Personal and health information includes both medical information and individually identifiable information such as your name, address, telephone number, or Social Security number. This is a notice of Blue Shield's confidentiality and privacy practices, our legal duties, and your rights concerning your personal and health information. Blue Shield protects your personal and health information in electronic, written, and oral forms when used throughout our organization. In accordance with state and federal

law, below are Blue Shield's privacy practices, which went into effect April 1, 2003, and will remain in effect unless otherwise replaced or modified.

We may modify or change our privacy practices from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all the personal and health information that we maintain, even information in existence before the change. If we materially modify our privacy practices, we will provide you with a new notice advising you of these changes.

For more information about our confidentiality and privacy practices, or for additional copies of this notice, please contact us.

## Uses and disclosures of your personal and health information

Blue Shield may use and disclose your personal and health information, without your authorization, only in the following ways:

**Treatment:** We may disclose your personal and health information to a provider who requests this information to treat you.

**Payment:** We may use and disclose your personal and health information to pay claims for covered services provided to you.

**Healthcare operations:** We may use and disclose your personal and health information to determine dues for your health plan or premiums for your health insurance, to determine eligibility, to conduct quality improvement activities, to engage in care coordination and case management, and other similar activities.

**Plan sponsors:** We may disclose your personal and health information to your plan sponsor or employer to permit it to perform health plan or insurance administration functions. Please see your plan or insurance documents for a full explanation of the limited uses and disclosures that the plan sponsor or employer may make of your personal and health information.

**Underwriting:** We may collect your personal and health information for underwriting, dues or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or health insurance. We will not use or further disclose this personal and health information for any other purpose, except as permitted by law. If you become a Blue Shield member or insured, we will use and disclose your personal and health information only as described in this notice.

**Health and wellness information:** We may use your personal and health information to contact you with information about health-related services or treatment alternatives. If you do not wish to receive this type of

information, you may request to opt out of receiving this information from Blue Shield by sending an e-mail to blueshieldca\_privacy@blueshieldca.com, or calling (888) 266-8080. However, you will continue to receive account information that is necessary to administer your account.

Family and friends: We may disclose your personal and health information to a family member, friend, or other person, to the extent necessary to help with your health care or with payment for your health care, if you are unavailable to agree to a disclosure, such as in a medical emergency or disaster relief.

**Research**; death; organ donation: We may use or disclose your personal and health information for research purposes in limited circumstances. We may disclose the personal and health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

**Public health and safety:** We may use and disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes.

**Required by law:** We will use or disclose your personal and health information when we are required to do so by law.

**Process and proceedings:** We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law enforcement: We may disclose limited information to a law enforcement official concerning the personal and health information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the personal and health information of an inmate or other

person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**Military and national security:** We may disclose to military authorities the personal and health information of armed forces personnel. We may disclose to authorized federal officials personal and health information required for lawful intelligence, counterintelligence, and other national security activities.

### Authorization to release personal and health information

In addition to the disclosures listed above, Blue Shield will release your personal and health information:

**To you:** We will disclose your personal and health information to you, as described in the Individual Rights section of this notice.

With your written authorization: We may not use or disclose your personal and health information without your written authorization, except as described in this notice. To obtain an authorization form, please contact us using the information listed at the end of this notice. Once you've given us a written authorization, you can revoke that authorization at any time, however your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

#### Individual rights

Access: You have the right to access your personal and health information. You must make a request in writing to obtain access to your personal and health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You have the right to obtain copies of your personal and health information, with certain exceptions. You may request that we provide copies in a format other than

photocopies. Please note that if you request copies, we may charge you a reasonable, cost-based fee.

**Disclosure accounting:** You have the right to an accounting of disclosures of your personal and health information made by Blue Shield. You can request, in writing, that we provide you with an accounting of instances when Blue Shield or our business associates disclosed your personal and health information for purposes other than treatment, payment, or healthcare operations; or pursuant to your written authorization; or for certain other purposes. We began maintaining disclosures for up to six years starting April 1, 2003. If you request this accounting more than once in a 12-month period, then we may charge you a reasonable, cost-based fee.

**Restriction requests:** You can request, in writing, that we place restrictions on the use or disclosure of your personal and health information. We are not required to agree to these restrictions, but if we elect to do so, we will abide by our agreement (except in an emergency).

Confidential communication: You have the right to receive certain communications confidentially. You can request that we communicate with you in confidence about your personal and health information by alternative means or to an alternative location. We will accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect dues or premiums and pay claims under your health plan.

Amendment: You have the right to amend your personal and health information. You must make a request in writing to obtain an amendment. Your written request must explain why the information should be amended. If we amend the information for you, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You can submit a written statement of disagreement to be appended to the information you wanted amended.

**Electronic notice:** If you received this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in paper form. Please contact us if you would like to obtain this notice in paper form.

#### **Questions and complaints**

If you want more information about Blue Shield's privacy practices or have questions or concerns, please do not hesitate to contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and health information, you may file a complaint with us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### **Contact information**

**Blue Shield Privacy Office** 

P.O. Box 272540 Chico, CA 95927-2540

Phone: (888) 266-8080 Fax: (800) 201-9020

e-mail: blueshieldca\_privacy@blueshieldca.com